

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213515811			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Rhodesian Ridgeback Rescue, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: UNITED CORPORATE SERVICES INC 6800 PARAGON PL STE 626 PO BOX 6649</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: 05368469</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: C/O GREGG DETKOS 3971 LANGLEY CT NW APT F600</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20016-9108</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHERYL FRASER TITLE: PRESIDENT ADDRESS: 100 PLEASANT ST CITY/ST/ZIP/CO: NORTHBOROUGH, MA 01532 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHERYL FRASER TITLE: PRESIDENT ADDRESS: 100 PLEASANT ST CITY/ST/ZIP/CO: NORTHBOROUGH, MA 01532	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLINA DEVITO DIRECTOR 2495 CLUB WALK TRACE ALPHARETTA, GA 30022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANNA FULLER DIRECTOR 117 S YALE ST VERMILLION, SD 57069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN GAMBLE DIRECTOR 9523 RIVER RD WARRIOR, AL 35180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS JONES DIRECTOR 2008 DOROTHY ST NE ALBUQUERQUE, NM 87112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHYLLIS SCALF DIRECTOR PO BOX 20645 MESA, AZ 85277	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLE J TATE DIRECTOR 104 WILD TURKEY RD BLYTHEWOOD, SC 29016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS WOLF DIRECTOR 6097 69TH AVE RIDGEWOOD, NY 11385	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELIZABETH W GOODMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH W GOODMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	3/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			